DEPARTMENT OF PUBLIC HEALTH AND WELF 1957 AMMOND ON INSTITUTE AMMOND ON THE STREET Proper Registration District No. 514 - STATE RESIDENCE (When decaused Reed. If Institution Residence Intelligence of Section 1972) - STATE RESIDENCE (When decaused Reed. If Institution Residence Intelligence of Section 1972) - STATE RESIDENCE (When decaused Reed. If Institution Residence Intelligence of Section 1972) - STATE RESIDENCE (When decaused Reed. If Institution Residence Intelligence of Section 1972) - STATE RESIDENCE (When decaused Reed. If Institution Residence Intelligence of Section 1972) - STATE RESIDENCE (When decaused Reed. If Institution Residence Intelligence of Section 1972) - STATE RESIDENCE (When decaused Reed. If Institution Residence Intelligence of Section 1972) - STATE RESIDENCE (When decaused Reed. In Institution Residence Intelligence of Section 1972) - STATE RESIDENCE (When decaused Reed. In Institution Residence Intelligence of Section 1972) - STATE RESIDENCE (When decaused Reed. In Institution Residence Intelligence Intelligenc	, N	1122C	UK	וטו	VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -63-009895
1. Section for the component of the co	NA NAT WRITE	AR IME	M 1 O		Registration District No. 97 7 Primary Registration District No. 54 Registrat's No. 588 STATE FILE NUMBER
1. PLACE OF DEATH 1. P	ON THIS STUB	AJ	MENDE	•	
Description of the properties in this query Description 12 Hrs 100 NN Spanish, Lake Ves & Not	- 1			ı	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE text account b. COUNTY admission)
A D O O O O O O O O O O O O O O O O O O	Rev. 4/59	夏		1	b. CITY (If ourside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits
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A D O O O O O O O O O O O O O O O O O O	14002			1 1	c. FULL NAME OF JIF NOT in hospital, give location) Inside Limits d. STREET JIF cutside nive location) Reside on Farm
4 0 5 0 6 0 6 0 7 0 10 0	24000	DATE			HOSPITAL OK INSTITUTION St. Louis County Hospital Yes No□ 1915 Shardell Dr. Yes □ No □
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SEX BALL CELERATION CONTROLLER TO (continue) Sex BALL COLOR RACE 7. Married Never Married		-			
Male White services and the services of the se	4 D		11	1 1	5. SEX 6. COLOR OR RACE 7. Married Never Married 2 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24
10 10 10 10 10 10 10 10	5		11		Male White Widowed Divorced 4/11/1942 20 Yrs Manths Days Hours Mir
TO OD ON THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal whether program in last year in the program of the program in last year in the program of the program in last year in the program of the program of the program in last year in the program of the progra					10s. USUAL OCCUPATION (Give kind of work done 110b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
Rudolph Pummer Irma Unger none	•	<u> </u>	11		
13. WAS DECASED EVER IN U.S. ARMED FORCES? (Ye. or unknown) (if the property of dates of 1) 10	7 0	일	11		
13. WAS DECASED EVER IN U.S. ARMED FORCES? (Ye. or unknown) (if the property of dates of 1) 10		윤	1 1		Rudolph Pummer Irma Unger none
NO ************************************	* 1 I				15. WAS DECEASED EVER IN U.S. ARMED FORCES? IO. 17. INFORMANT Address
PART II. DEATH WAS CAUSED BY: 11 40-0 0	• •		1		NO Mr. Rudolph Pummer 1915 Shardell Dr.
INMEDIATE CAUSE (a) Multiple traumatic injuries 10	· / ·	¥		Ž	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEE ONSET AND DEATH ONSET AND DEATH
DUE TO (b) Conditions, if any, which gave (size to above cause (a), which gave (size to above cause (size to above			11	₩.	
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STATEMENT BY LICENSED EMBALMER

or by		 , Student Embalmer No
vorking under my	personal supervision.	9/ 1/2.4
tudent		 Signed Homen W. Fritz
	Signature of Student Embalmer	
		Licensed Embalmer No. 3882
•		P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.